

Foster Family Home - Corrective Action Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

Review ID: 1-100015-9

91-1344 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

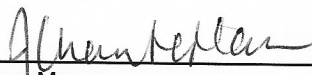
Begin Date: 11/18/2019

Foster Family Home Required Certificate [11-800-6]

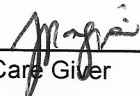
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.


Compliance Manager

11/18/19
Date


Primary Care Giver

11/18/19
Date